CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AREA SC, 21731 VENTURA BLVD., STE. 250

WOODLAND HILLS, CA 91364

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on 05/12/2008 and conducted by Evaluator Daniel Alvarez

PUBLIC

COMPLAINT CONTROL NUMBER: 31-SC-20080512141642

FACILITY NAME: CHATSWORTH GARDENS **FACILITY NUMBER:** 191221435 ADMINISTRATOR: LYNN R. DRUMMOND **FACILITY TYPE:** 740 20801 DEVONSHIRE BLVD ADDRESS: (818) 341-2552 TELEPHONE: CHATSWORTH CITY: STATE: ZIP CODE: 91311 CAPACITY: 268 **CENSUS: 160** DATE: 01/21/2009 UNANNOUNCED TIME VISIT BEGAN: 10:10 AM MET WITH: A. Taylor, Administrator. TIME COMPLETED: 12:30 PM

ALLEGATION(S):

Neglect/Lack of Supervision:

-Due to conduct of the licenseee and/or facility personnel, resident #1 had stage four (4) sores on her heels and suffered from dehydration.

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INVESTIGATION FINDINGS:

LPA/CS Alvarez is at the facility today in order to issue the completed investigation report which was conducted by CCL's Investigation Branch. The investigation was conducted by Senior Special Investigator Magee. On 2 5/12/08, the GLASC RO received a complaint regarding the above stated allegations. An IB referral was made 3 to Investigations Branch and the complaint was accepted for investigation. On 5/16/08, IB Investigator Magee 4 conducted the initial 10 day visit and on 5/22/08, LPA/CS went to the facility and issued a licensing report 5 6 regarding Investigator Magee's visit. During the course of the investigation, interviews were conducted of facility personnel, the complainant and resident #1's physician. Also, an interview was conducted of personnel 8 from Country Villa Sheraton Nursing and Rehabilitation Center. The Nursing facility is where resident #1 was admitted to on 4/29/08 from her previous facility, Emeritus at Chatsworth (previously called Chatsworth

9 10 Gardens).

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The information obtained from the investigation revealed that on 4/29/08, resident #1 was taken to see her 12 physician, was observed to be dehydrated and started on IV theraphy. Also, per the information, the physician

13 observed the sores on resident #1's heels and the wounds appeared to him to be stage III or IV

Estimated Days of Completion: Substantiated SUPERVISOR'S NAME: Ruben Ramirez TELEPHONE: (805) 563-5543 LICENSING EVALUATOR NAME: Daniel Alvarez TELEPHONE: (818)421-2278

LICENSING EVALUATOR SIGNATURE:

DATE: 01/21/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/21/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years. LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

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FACILITY NAME: CHATSWORTH GARDENS

FACILITY NUMBER: 191221435 VISIT DATE: 01/21/2009

NARRATIVE

but he did not stage them. Information obtained from the interview of the facility personnel revealed that 2 resident #1 did her own personal care and did not complain to facility staff about her heels. Also per the 3 information obtained from the interview, the facility only escorted resident #1 and assisted her into bed. 4 Information obtained from the complainant regarding resident #1 revealed that resident #1 did not require "too 5 much care" but had not been eating and was admitted to Country Villa on 4/29/08. Reportedly resident #1 6 was observed with her condition on 4/28/08 transported to Country Villa Sheraton Nursing and Rehabilitation 7 Center on 4/29/08. 8

Also, during the course of the investigation, IB Investigator Magee reviewed medical records for resident #1, 9 including the nursing admission assessement when resident #1 was admitted to Country Villa Sheration 10 Nursing and Rehabilitation Center. Per the review of the records, the information obtained revealed resident 11 #1 "had a stage II blister on the left heel that measured 3.0 cm x 3.0 cm and a stage IV blister with black scab on the right heel that measured 4.0 cm x 2.0 cm". An interview was conducted with personnel from Country 12 13 Villa in order to clarify the difference between a blister and pressure sore, and per the information obtained 14 from the interview, it was revealed that the blister and a pressure sore are the same.

15 Although the interviews of facility personnel and family member revealed that resident #1 did not need much 16 care, ultimately, it is the licensee's responsibility to protect the resident's health and safety and to ensure that 17 the resident(s) needs are met.. Also, it is the licensee's responsibility to ensure that facility staff are aware of the resident's current mental and physical functioning level, health conditions and the needs for care and 18 19 supervision.

20 Therefore, based upon the investigation conducted by the Investigations Branch, the allegation of 21 Neglect/Lack of Supervision, per the perponderance of evidence, is substantiated.

22 Per CCR, Title 22, Division 6, Chapt. 8, the following is noted as a result of the investigation: 23 (See LIC 9099-D for dificiencies cited).

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Appeal Rights discussed. Exit interview done. Copy of the report given to facility representative. 25

It should be noted that on 7/3/2008, the facility was also cited for the same violations. Based upon the deficiencies cited today, the violations are the second violations of the same regulation subsections within a 12 month period, therefore the facility shall be issued an immediate civil penality of \$150 per cited violations for a total of \$300.

32 SUPERVISOR'S NAME: Ruben Ramirez

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CHATSWORTH GARDENS DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 191221435 VISIT DATE: 01/21/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 01/30/2009 Section Cited 87466	1 2 3 4 5 6 7	Observation of the Resident: Facility did not regularly observe resident #1 for any changes in her physical condition. This resulted in resident #1 developing, at minimum, a stage IV blister on her right heel. Facility shall correct this practice immediately.	1 2 3 4 5 6 7	By the POC due date, the facility shall submit in writing how this shall be prevented from occurring again in the future. The facility shall submit to CCL no later than 1/31/09.
Type A 01/30/2009 Section Cited 87615(a)(1)	1 2 3 4 5 6 7	Prohibited Health Conditions: Facility retained resident #1 with a pressure sore greater than Stage 2. Per the medical records, resident #1 was admitted to a SNF directly from the facility with a stage IV pressure sore on her right heel.	1 2 3 4 5 6 7	By the POC due date, the facility shall submit in writing how this will be prevented from occurring again in the future. The facility shall submit to CCL no later than 1/31/09.
Type A 01/30/2009 Section Cited 87455	1 2 3 4 5 6 7	Acceptance and Retention Limitations: Resident #1 had a health condition which required skilled nursing care. Per the medical records, resident #1 had stage IV pressure sore on her right heel.	1 2 3 4 5 6 7	By the POC due date, the facility shall submit in writing how this will be prevented from occurring again in the future. Submit to CCL no later than 1/31/09.
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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